

NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds

APPLICATION CHECKLIST

Please use this checklist to make sure all parts of your application are completed. This checklist must be submitted with your application to:

National Institutes of Health
Office of Loan Repayment and Scholarship–UGSP
2 Center Drive, Room 2E24 (MSC 0230)
Bethesda, Maryland 20892-0230

Applicant's Name: _____

Address: _____

Daytime Telephone: _____

E-mail: _____

- ☐ Official transcript (high school and college transcript required for college freshmen).
- ☐ Letter of acceptance (for those entering college or transferring for the 2005–2006 academic year).
- ☐ Applicant information form.
- ☐ Undergraduate institution certification form. The applicant should fill out Section A. The form was given to the following representative of the undergraduate institution:

Name and Title: _____

Telephone: _____

Date: _____

- ☐ Applicant recommendation forms. The applicant should fill out Section A of each form. The following persons have been asked to submit recommendations:

1. Name: _____

Institution: _____

Telephone: _____

Date: _____

2. Name: _____

Institution: _____

Telephone: _____

Date: _____

3. Name: _____

Institution: _____

Telephone: _____

Date: _____

- ☐ Contract